

MAY 30 2008

IMPORTANT CONFIDENTIALITY NOTICE

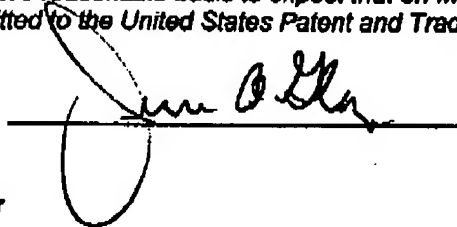
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**FACSIMILE TRANSMITTAL SHEET AND
CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8****TO: Examiner Jason Mark Heckert- United States Patent and Trademark Office**

Fax No. (571) 273-8300

Phone No. (571) 272-2702

I hereby certify that I have reasonable basis to expect that on May 30, 2008, this correspondence is being facsimile transmitted to the United States Patent and Trademark Office to the above-identified facsimile number.


(Signature)**FROM: Julia A. Glazer**

Fax No. (513) 627-8118

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Application No.: 10/776,854

Inventor(s): Wooton *et al.*

Filed: February 11, 2004

Docket No.: 9526

Confirmation No.: 3890

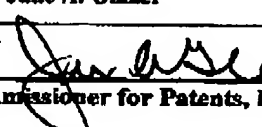
Listed below are the item(s) being submitted with this Certificate of Transmission:**

- 1) Fee Transmittal (1 Page)
- 2) Response (4 Pages)

Number of Pages Including this Page: 6 Pages**Comments:**

****Note:** Each paper must have its own certificate of transmission, OR this certificate must identify each submitted paper.

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|---|--------------------------|--------------------|--|
| FEE TRANSMITTAL for FY 2008 Patent fees are subject to annual revision. Effective September 30, 2007 | Complete if Known | | RECEIVED CENTRAL FAX CENTER MAY 30 2008 |
| | Application Number | 10/776,854 | |
| | Confirmation Number | 3890 | |
| | Filing Date | February 11, 2004 | |
| | First Named Inventor | John Allen Wooten | |
| | Examiner Name | Jason Mark Heckert | |
| TOTAL AMOUNT OF PAYMENT (\$) | 120 | Docket No. | 9526 |

| METHOD OF PAYMENT | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--------------------------|--------------------------|-----------------|---|---|--|----------------------------------|--|------------------------------------|--|------------------------------------|--|------------------------------------|--------------------------------------|----------------------------------|---|----------------------------------|--|---------------------------------|---------------------------|----------------------------------|------------------|----------------------------------|--|----------------------------------|--------------------------|------------------------------------|---|------------------------------------|-----------------|--------------------------|--|---------|--|--|--|--|------------------|--------------------------|--------------------------------|--|--|-----------------|--------------------------|--|--|
| 1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to: Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company | | 5. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Extension for reply within 1st month</td> <td>(\$120) <input checked="" type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 2nd month</td> <td>(\$460) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 3rd month</td> <td>(\$1,050) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4th month</td> <td>(\$1,640) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5th month</td> <td>(\$2,230) <input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td>(\$180) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)</td> <td>(\$130) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet</td> <td>(\$50) <input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td>(\$130) <input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td>(\$510) <input type="checkbox"/></td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td>(\$510) <input type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td>(\$1,030) <input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td>(\$1,410) <input type="checkbox"/></td> </tr> <tr> <td>Other:</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | Fee Description | Fee Paid | Extension for reply within 1 st month | (\$120) <input checked="" type="checkbox"/> | Extension for reply within 2 nd month | (\$460) <input type="checkbox"/> | Extension for reply within 3 rd month | (\$1,050) <input type="checkbox"/> | Extension for reply within 4 th month | (\$1,640) <input type="checkbox"/> | Extension for reply within 5 th month | (\$2,230) <input type="checkbox"/> | Information Disclosure Statement fee | (\$180) <input type="checkbox"/> | 37 CFR 1.16(f) Late Oath/Declaration (nonprovisional) | (\$130) <input type="checkbox"/> | 37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet | (\$50) <input type="checkbox"/> | Non-English specification | (\$130) <input type="checkbox"/> | Notice of Appeal | (\$510) <input type="checkbox"/> | Filing a brief in support of an appeal | (\$510) <input type="checkbox"/> | Request for oral hearing | (\$1,030) <input type="checkbox"/> | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | (\$1,410) <input type="checkbox"/> | Other: | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 1 st month | (\$120) <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 2 nd month | (\$460) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 3 rd month | (\$1,050) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 4 th month | (\$1,640) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 5 th month | (\$2,230) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Information Disclosure Statement fee | (\$180) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 CFR 1.16(f) Late Oath/Declaration (nonprovisional) | (\$130) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet | (\$50) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-English specification | (\$130) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notice of Appeal | (\$510) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing a brief in support of an appeal | (\$510) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Request for oral hearing | (\$1,030) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | (\$1,410) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other: | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION 2. BASIC FILING FEE - Large Entity <table border="1"> <thead> <tr> <th></th> <th>FILING FEE</th> <th>SEARCH FEE</th> <th>EXAMINATION FEE</th> <th></th> </tr> </thead> <tbody> <tr> <td>Application Type</td> <td></td> <td></td> <td></td> <td>Fee Paid</td> </tr> <tr> <td>Nonprovisional (\$310)</td> <td>(\$510)</td> <td></td> <td>(\$210)</td> <td></td> </tr> <tr> <td>Utility</td> <td></td> <td></td> <td>(Total = \$1030)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Design (\$210)</td> <td>(\$100)</td> <td></td> <td>(\$130)</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>(Total = \$440)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Reissue (\$310)</td> <td>(\$510)</td> <td></td> <td>(\$620)</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>(Total = \$1440)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Provisional Utility filing fee</td> <td></td> <td></td> <td>(Total = \$210)</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | | FILING FEE | SEARCH FEE | EXAMINATION FEE | | Application Type | | | | Fee Paid | Nonprovisional (\$310) | (\$510) | | (\$210) | | Utility | | | (Total = \$1030) | <input type="checkbox"/> | Design (\$210) | (\$100) | | (\$130) | | | | | (Total = \$440) | <input type="checkbox"/> | Reissue (\$310) | (\$510) | | (\$620) | | | | | (Total = \$1440) | <input type="checkbox"/> | Provisional Utility filing fee | | | (Total = \$210) | <input type="checkbox"/> | | |
| | FILING FEE | SEARCH FEE | EXAMINATION FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application Type | | | | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nonprovisional (\$310) | (\$510) | | (\$210) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Utility | | | (Total = \$1030) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design (\$210) | (\$100) | | (\$130) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | (Total = \$440) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reissue (\$310) | (\$510) | | (\$620) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | (Total = \$1440) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provisional Utility filing fee | | | (Total = \$210) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. APPLICATION SIZE FEE: Sheets of Spec and Drawings <input type="checkbox"/> (\$260 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) (\$)[0] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: <table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x</td> <td><input type="checkbox"/></td> <td>=</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x</td> <td><input type="checkbox"/></td> <td>=</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Multiple Dependent claims:</td> <td><input type="checkbox"/></td> <td>=</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> ** or number previously paid, if greater; For Reissues, see below Fee Description Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$210 per claim) Multiple dependent claim, if not paid (\$370) **Reissue: each independent claim over 3 and more than in the original patent (\$210 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim) SUBTOTAL (4) (\$)[0] | | | Extra Claims | Fee from Below | Fee Paid | Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x | <input type="checkbox"/> | = | <input type="checkbox"/> | Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x | <input type="checkbox"/> | = | <input type="checkbox"/> | Multiple Dependent claims: | <input type="checkbox"/> | = | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Extra Claims | Fee from Below | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x | <input type="checkbox"/> | = | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x | <input type="checkbox"/> | = | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent claims: | <input type="checkbox"/> | = | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (4) (\$)[0] | | SUBTOTAL (5) (\$)[120] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBMITTED BY Name (Print/Type) Julie A. Glazer Signature  | | Complete (if applicable) Registration No. 41,783 Telephone (513) 627-4132 Date May 30, 2008 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

 Fee Transmittal.doc
 Rev. 12/07